



Last Updated: 03/09/2022

## Respite Care Service Authorizations Extended to 8/31/13

The purpose of this memorandum is to notify Home and Community Based Waiver providers that the Department of Medical Assistance Services (DMAS) has extended respite service authorizations that ended on June 30, 2013 to August 31, 2013. This extension is for agency and consumer-directed respite authorizations in the Elderly or Disabled with Consumer Direction, Individual and Family Developmental Disabilities Support and Intellectual Disability Waivers and permits providers additional time to submit respite care requests for individuals needing services in July and August of 2013 to assure continuity of care.

While the end dating of respite authorizations on June 30, 2013 was previously communicated through the Medicaid Memo issued June 1, 2011 entitled Notice of Changes to Service Limits for Respite Care Services, DMAS determined that many providers had not submitted new authorizations for respite. To assist waiver individuals and assure continuity of care respite authorizations were extended through August 31, 2013.

Providers who have individuals who require respite should submit service authorizations **immediately** for prompt processing. Timeliness will be waived for respite care requests beginning July 2013 through August 31, 2013. Requests received after August 31, 2013, regardless of the dates of service, will be reviewed for timeliness.

If you have already submitted a request to start respite services in July 2013, **you do not need to do anything**. Your request will be reviewed for the full period of time specified on the request. If you have not submitted a request **you need to act immediately to make a request for services with a begin date of July 1, 2013**. Determine the start date of your request based on the date the individual needs the service. Requests cannot exceed the allowed 480 hours during a fiscal year.

To expedite requests please note that T1005 (agency directed respite) and S5150 (consumer directed respite) require either DMAS 97 A/B or the respite plan of care effective date, name of the primary care giver and backup person. In addition, S5150 requires the name of the person directing care (and relationship to the individual) and name of person providing care (and relationship to the member).



# MEDICAID MEMO

Another Medicaid memo with more detailed information will be issued within the next ten days.

Medicaid Memo: Special  
August 13, 2013

Page 2

## Methods of Submission to KePRO

All submission methods and procedures are fully compliant with the Health Insurance Portability and Accountability Act (HIPAA) and applicable federal and state privacy and security laws and regulations. Providers will not be charged for submission, via any media type, for service authorization requests submitted to KePRO. KePRO accepts service authorization (srv auth) requests through direct data entry (DDE), fax and phone.

Submitting through Direct Data Entry (DDE) places the request in the worker queue immediately. For DDE, providers must use Atrezzo Connect Provider Portal. For DDE, service authorization checklists may be accessed on KePRO's website to assist in assuring specific information is included with each request. To access Atrezzo Connect on KePRO's website, go to <http://dmas.kepro.com>. Faxes are entered by staff in the order received

Provider registration is required to use Atrezzo Connect. The registration process for providers is immediate on-line. From <http://dmas.kepro.com>, providers not already registered with Atrezzo Connect may click on "Register" to be prompted through the registration process. Newly registering providers will need their 10-digit National Provider Identification (NPI) number and their most recent remittance advice date for YTD 1099 amount. The Atrezzo Connect User Guide is available at <http://dmas.kepro.com>: Click on the *Training* tab, then the *General* tab.

Providers with questions about KePRO's Atrezzo Connect Provider Portal may contact KePRO by email at [atrezzoissues@kepro.com](mailto:atrezzoissues@kepro.com). For service authorization questions, providers may contact KePRO at [providerissues@kepro.com](mailto:providerissues@kepro.com). KePRO may also be reached by phone at 1-888-827-2884, or via fax at 1-877-OKBYFAX or 1-877-652-9329.



## Methods of Submission to the Department of Behavioral Health and Developmental Services

### (DBHDS)

The Department of Behavioral Health and Developmental Services (DBHDS) receives electronic submissions of Individual Service Authorization Request through Intellectual Disability On-Line System (IDOLS). DBHDS manages the service authorization for all Intellectual Disability (ID) and Day Support Waiver Services. To access IDOLS all providers must have set up accounts in DBHDS' Delta system. Delta is DBHDS' sign in solution and security portal which links to IDOLS. The provider agency's local administrator grants security access to the staff for applications in IDOLS, including service authorizations.

For additional information on service authorization and the IDOLS system at DBHDS, go to <http://www.dbhds.virginia.gov/ODS-UsefulInformation.htm#mr4> under the Office of Developmental Services webpage listing, *IDOL Service Authorization Manual*.

### "HELPLINE"

The "HELPLINE" is available to answer questions Monday through Friday from 8:00 a.m. to 5:00 p.m., except on holidays. The "HELPLINE" numbers are:

1-804-786-6273 Richmond area and out-of-state long  
distance 1-800-552-8627 All other areas (in-state, toll-free  
long distance)

Please remember that the "HELPLINE" is for provider use only and have your Medicaid Provider Identification Number available when you call.